MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

B63-042460

DO NOT WRITE ON THIS STUB	E AMENDED				Registration District No	3 0 1963 / ""	mary Registration D		O Registrar's N				
J				- ^	1. PLACE OF DEATH	- 0 1000/			2. USUAL RESID	ENCE (Where de	eceased lived	d. If institution:	Residence before
vs 300	ا ا		[]	1	- COUNTY	tt Toute			a. STATE	ъ. 6. С	COUNTY		admission)
Rev. 4/59		'] [1 -		St. Louis orporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY	·Mo.	S	st. Louis	Inside Limits
	AMENDED			1	OR TOWN	_	***************************************		OR TOWN				
1 71	Ş	'		1 -	range	ka		25 years		Eureka		* - L	Yes No 🗆
14000	lin M	;	{ }	1	c. FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	111011	Inside Limits	d. STREET ADDRESS		If cutside, g	•	Reside on Farm
24000	DATE				INSTITUTION	238 Forest A	/A6*	Yet 💯 No 🗆		238 For	est Av	те <u>•</u>	Yes O No DX
	4 2	Ή∔	\dashv] =	3. NAME OF DECEASED	D First	- 44	liddle	Last	4. DATE	Mon	nth Day	Year
3					(Type or print)		A			OF DEATH		•	_
4 /				1 -		AGNES	 		WAGNER		Octo		1963
				1	5. SEX	6. COLOR OR RACE	7. Married Widowed		; l <u>:</u> .	rH 9. AGE (les	PI DILIUGAA)	Months Days	Hours Min.
5 Q					Femiale	White	i		3/2/84	79		L	
						N (Give kind of work done ing life, even if retired)	I 106. KIND OF BI	SUSINESS OR INDUSTR	KY 11. BIRTHPLACI	E (City and state)	or country)	12. CITIZEN OF	WHAT COUNTRY
6	ا کِچّا				Housewife	g (ne, even it tellfed)	At hor	ne	Stuttgart	.Germanv	<u>- </u>	USA	
72	9			-	13a. FATHER'S NAME		13b. MO	THER'S MAIDEN NAM	WE	14.	NAME OF H	USBAND OR WIFE	
	[]				Inknown		1	Unknown	- •	Ar	iton J	Wagnes De	ec†d
8 2	S S				15. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. INFORMANT	1 244	Ā	Address Manch	ester, Mo.
91551	▶				(Yes, no, or unknown) (If	f yei, give war or dates of	servi		E D ==	men 101	Please	unt Wiener	ester, mo. Dr. Manahark
9)551	岁			ੂ∐ ∸	18. CAUSE OF DEATH	H (Enter only one cause per	line tor ten ten		⊤ n• u• MSf	Smar 4 111	LLCASS	1 11	NIERVAL BETWEEN
10	[~]			Z	PART I.	. DEATH WAS CAUSED BY	,		•			¢	NSET AND DEATH
	용병			5	1		~	<i></i>	0 -	_			1 10///
11	lo lu			3		IMMEDIATE CAUSE (a	·	terement 1	fremme	<u>~</u>			1 Week
	ما يزا]	ñ V	•	IMMEDIATE CAUSE (a) 	teasurant (greenment A	<u>~</u>	. 1 -		2 2 2000
	EA EC			MOCO.	Conditi	ions, if any, DUE TO (ı) Эл а ы <u>Cor</u>	unima .	greenment of the Com	m Bil	الع الع	z	3 with
1290-2	HIS RECK			DOCI	which g above	ions, if any, OUE TO (I gave rise to cause (a),	6)	cuima ,	greenment of the Com	m Bil	الم الم	2	3 water
1290-2	EN EN			DOCO	which g above stating	ions, if any, DUE TO (uniona (greenment of the Com	m BI	الع العام	£	3 water
1290-2	N THIS REC			DOCO	which g above stating lying o	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (III. OTHER SIGNIFICANT C	(c)			•		III. if deceased	3 male was
1290-2	ON THIS REC			DOCU	which g above stating lying o	ions, if any, gave rise to cause (a), the under-cause (ast.)	(c)			•		III. if deceased there a pregni	was female was ancy in last 90 days.
1290-2	ON THIS REC			DOCU	which gabove stating lying of PART I	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (disease condition given	(c) CONDITIONS CON in PART I (a)	NTRIBUTING TO DEA	ATH but not related	to the terminal	PART I	III. If decaased there a pregni	was female was ancy in last 90 days.
1290-2	ON THIS REC				which gabove stating lying of PART I	jons, if any, gave rise to cause (a), the under-cause last. DUE TO (disease condition given	CONDITIONS CON	NTRIBUTING TO DEA		to the terminal	PART I	III. If decaased there a pregni	was female was ancy in last 90 days.
1290-2	ON THIS REC			DOCU	which gabove stating lying of PART I	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (disease condition given	(c) CONDITIONS CON in PART I (a)	NTRIBUTING TO DEA	ATH but not related	to the terminal	PART I	III. If decaased there a pregni	was female was ancy in last 90 days.
1290-2	ON THIS REC				which can be above stating lying of the stating lying	ions, if any, gave rise to cause (a), the undercause (ast.) DUE TO (disease condition given 20a. ACCIDENT SUICIL	CONDITIONS CON	NTRIBUTING TO DEA	ATH but not related	to the terminal	PART I	III. If decaased there a pregni	was female was ancy in last 90 days.
1290-2	N THIS REC				PART I	ions, if any, gave rise to cause (a), the undercause (ast.) DUE TO (ions)	CONDITIONS CON in PART (a) DE HOMICIDE	NTRIBUTING TO DEA	ATH but not related	to the terminal	PART I	III. If decaased there a pregni	was female was ancy in lest 90 days. No Unknown of item 18.)
1290-2	ON THIS REC				which general which general stating lying of the stating lying ly	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (disease condition given 20a. ACCIDENT SUICIL Month, Day, Year 1. DEED 20a. PLACE	CONDITIONS CON IN PART (a) DE HOMICIDE	20b. DESCRIBE HO	ATH but not related	to the terminal	PART I	III. If decaased there a pregni	was female was ancy in last 90 days.
1290-2 13 NO 88BW	ON THIS REC				19. WAS AUTOPSY PERFORMED? YES NOW 1NJURY OCCURR WHILE AT WORN	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (disease condition given 20a. ACCIDENT SUICIL Month, Day, Year Month, Day, Year (ED) (C) (ED)	CONDITIONS CON in PART (a) DE HOMICIDE	20b. DESCRIBE HO	ATH but not related	to the terminal	PART I	III. If decaased there a pregnumer of the pregnumer of th	was female was ancy in lest 90 days. No Unknown of item 18.)
1290-2 13 NO 88BW	AMENDMENTS ON THISTREC				19. WAS AUTOPSY PERFORMED? YES NOTE:	ions, if any, gave rise to cause (a), the under-cause (ast.) DUE TO (disease condition given 20a. ACCIDENT SUICID Month, Day, Year Month, Day, Year Farm, WORK	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., off factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR	to the terminal	PART I	III. If decaased there a pregni Yes S	was female was ancy in lest 90 days. No Unknown of item 18.)
1290-2 13 NO 88BW	AMENDMENTS ON THISYREC				19. WAS AUTOPSY PERFORMED? YES NOW 1NJURY OCCURR WHILE AT WORN	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20e. ACCIDENT SUICIE If Month, Day, Year (a), the condition of the cause (a), the cause (CONDITIONS CON IN PART (a) DE HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN,	OR LOCATION	PART I	III. If decaased there a pregni PART I or PART I	was female was ancy in last 90 days. No Unknown I of item 18.)
1290-2 13 NO 88BW	READ AMENDMENTS ON THIS REC				19. WAS AUTOPSY PERFORMED? YES NOTE 10. TIME OF HOU INJURY S.M. P.M. 20d. INJURY OCCURR WHILE AT WORL NOT WHILE AT	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICIE Month, Day, Year (a), the work (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., off factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR	OR LOCATION	PART I	III. If decaased there a pregning Yes 10 PART I or PART I	was female was ancy in lest 90 days. No Unknown I of item 18.)
1290-2 13 NO 88BW	READ AMENDMENTS ON THIS REC			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOW 1NJURY OCCURE WHILE AT WORK NOT WHILE AT 21. I attended the de	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICIE Month, Day, Year (a), the work (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., off factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS	OR LOCATION and last saw here, and to the best	PART I	III. If decaased there a pregning Yes 10 PART I or PART I	was female was ancy in lest 90 days. No Unknown I of item 18.) STATE causes stated. 22c. DATE SIGNED
1290-2 13 NO 88BW	READ AMENDMENTS ON THIS REC			OF MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOTE 10. TIME OF HOU INJURY OCCURE WHILE AT WORK NOT WHILE AT	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICIE Month, Day, Year (a), the work (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., off factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS	OR LOCATION and last saw here, and to the best	PART I	III. If decaased there a pregning Yes 10 PART I or PART I	was female was ancy in lest 90 days. No Unknown I of item 18.)
BLACK INK OR RITER RIBBON	AMENDMENTS ON THISYREC		'	VIT OF MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOW 1NJURY OCCURR WHILE AT WORK NOT WHILE AT 21. I attended the de Death occurred 22a. SIGNATURE	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID When the condition of the cause (ast.) RED	DE HOMICIDE E OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS	OR LOCATION	PART I	COUNTY COUNTY COUNTY	was female was ancy in lest 90 days. No Unknown I of item 18.) STATE causes stated. 22c. DATE SIGNED
1290-2 13 NO 88BW	AMENDMENTS ON THIS REC		'	VIT OF MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOTE 10. INJURY OCCURE WHILE AT WORN NOT WHILE AT 21. I attended the de Death occurred (22a. SIGNATURE	ions, if any, gave rise to cause (a), the under-cause (ast.) II. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICIDED T SUICIDED TO COMMENT SUICIDED T	E OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS REMATORY	OR LOCATION and last saw hee, and to the best	PART I	COUNTY COUNTY COUNTY COUNTY COUNTY	was female was ency in last 90 days. No Unknown I of item 18.) STATE causes stated. 22c. DATE SIGNED 10-16-13
1290-2 13 NO 88BW	NO. SHOULD READ INSTEAD		'	FIDAVIT OF MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOW 20c. TIME OF HOU INJURY OCCURR WHILE AT WORI NOT WHILE AT 21. I attended the de Death occurred 22a. SIGNATURE 23a. BURIAL, CREMATION REMOVAL (Specify) CYMINETION	DUE TO (1) gave rise to cause (a), the under- cause (ast.) DUE TO (1) DUE TO	CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS REMATORY	OR LOCATION and last saw here, and to the best conditions of the	PART I	COUNTY COUNTY COUNTY	was female was ency in last 90 days. No Unknown I of item 18.) STATE causes stated. 22c. DATE SIGNED 10-16-13
1290-2 13 NO 88BW	AMENDMENTS ON THIS REC			FIDAVIT OF MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NOW 20c. TIME OF HOU INJURY OCCURR WHILE AT WORI NOT WHILE AT 21. I attended the de Death occurred 22a. SIGNATURE 23a. BURIAL, CREMATION REMOVAL (Specify) CTOMA UTOM	DUE TO (1) gave rise to cause (a), the under- cause (ast.) DUE TO (1) DUE TO	TONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, off	20b. DESCRIBE HO	OW INJURY OCCURR 20f. CITY, TOWN, the date stated above 22b. ADDRESS REMATORY	OR LOCATION and last saw here, and to the best 23d. LOCATION St. DOLL REG. 26. 48	PART I	COUNTY COUNTY COUNTY COUNTY COUNTY	was female was ency in last 90 days. No Unknown I of item 18.) STATE causes stated. 22c. DATE SIGNED 10-16-13

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
	ny personal supervision.		August Mile Ol
tudent	Signature of Student Embalmer		Signed (March Street, March St
5			Licensed Embalmer No. 45/2
		•	P. O. Address Kirkeward, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.